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President: Mr. Kerim ..... (The former Yugoslav Republic of Macedonia)

The meeting was called to order at 3.05 p.m.

High-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Agenda item 44 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/62/780)

Note by the President of the General Assembly (A/62/CRP.1 and Corr.1)

The President: There are still 79 names on the list of speakers. In order to accommodate all the speakers for the high-level meeting, I would like to strongly appeal to speakers to limit their statements to five minutes.

The next speaker on my list is His Excellency Mr. Liu Qian, Vice-Minister of Health of China.

Mr. Liu Qian (China) (*spoke in Chinese*): The Chinese delegation aligns itself with the statement of Antigua and Barbuda on behalf of the Group of 77 and China.

The Chinese Government attaches great importance to people's health and earnestly fulfils its commitment to the international community. In recent years, the Chinese Government established the State Council AIDS Working Committee Office, promulgated regulations on the prevention and treatment of HIV/AIDS and formulated China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS for the period from 2006 to 2010, in which the policy of "Four Frees and One Care" has been put forward.

The policy consists of the following aspects: first, to provide AIDS patients with free antiretroviral treatment and either free or low-cost treatment against opportunistic infections; secondly, to provide free voluntary counselling and testing; thirdly, to provide AIDS-infected pregnant women with free treatment and counselling about the prevention of mother-to-child transmission; fourthly, to provide AIDS orphans with free education; and fifthly, to provide assistance to poor people living with HIV, poor AIDS patients and their families.

In addition, we have increased funding for HIV/AIDS prevention and treatment to about $100 million per year. A working mechanism on HIV/AIDS prevention and treatment has taken shape, characterized by Government leadership, division of labour among the relevant departments and social participation. Here, I would like to provide a brief account of China's efforts in HIV/AIDS prevention and treatment.

First, we have broadened the coverage of antiretroviral treatment and prevention of mother-to-child transmission. By April 2008, we had provided antiretroviral treatment to over 45,000 adult AIDS patients and over 900 children nationwide,

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substantially reducing fatality rates and prolonging patients' lives. Thanks to the scaled-up prevention of mother-to-child transmission, the infection rate through mother-to-child transmission has dropped by nearly 60 per cent.

Secondly, we tap the potential of traditional Chinese medicine to treat HIV/AIDS. By March 2008, we had treated some 8,000 AIDS patients with Chinese medicine, preventing their conditions from exacerbating rapidly. As a result, more and more patients take antiretroviral therapy on a voluntary basis.

Thirdly, we deliver assistance to those affected by AIDS at the level of families and communities. To assist orphans, and AIDS orphans in particular, the Chinese Government formulated in 2006 preferential policies in nine areas, including their living conditions, education and medical care. China has allocated 50 million yuan to building assistance and accommodation centres for AIDS orphans and has actively searched for an appropriate modality to support AIDS orphans.

Fourthly, we promote scientific studies on HIV/AIDS prevention and treatment. The Chinese Government actively supports HIV/AIDS research. Through molecular epidemiology surveys, we have established the epidemiological patterns of HIV infection in China. We have also vigorously engaged in research on and development of antiretroviral drugs, and on drug resistance and have conducted experiments on modalities to treat and manage AIDS/tuberculosis co-infection.

Fifthly, we have scaled up international cooperation, giving full play to the role of non-governmental organizations. The Chinese Government sets store in international cooperation and exchanges in combating HIV/AIDS. We have launched productive bilateral cooperation with many countries, such as the United Kingdom, the United States and Australia. In addition, we maintain close partnerships with such international organizations as the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In addition, numerous international non-governmental organizations, such as the International AIDS Vaccine Initiative, the Bill & Melinda Gates Foundation and the Clinton Foundation have been actively involved in China's HIV/AIDS prevention and treatment efforts.

HIV/AIDS is the enemy of the entire human race, and to defeat it is our shared goal. In the future, China will continue with its policy of "Four Frees and One Care", and reach out to more people in publicity and educational campaigns. By 2010, we hope to reach the goals of over 85 per cent HIV/AIDS awareness in urban areas and 75 per cent in rural areas; 90 per cent coverage of interventions for high risk groups, including intravenous drug users; and provide 70,000 people with antiretroviral therapy. Moreover, China intends to press ahead with scientific studies; in the years to come, hundreds of millions of dollars will be allocated to such key areas as the research and development of vaccines and antiretroviral drugs and molecular epidemiological studies. We stand ready to work with the international community to search for effective strategies and measures for HIV/AIDS prevention and treatment, fulfil the Declaration of Commitment on HIV/AIDS and make contributions to containing the HIV/AIDS epidemic worldwide.

The President: I now give the floor to Her Excellency Ms. Jeanette Vega, Deputy Minister of Health of Chile.

Ms. Vega (Chile) (*spoke in Spanish*): Chile endorses the statements of the representative of Antigua and Barbuda, on behalf of the Group of 77 and China, and the Minister of Health of Mexico, on behalf of the Rio Group.

On behalf of the delegation of Chile, composed of representatives of Government, of people living with HIV and of social and non-governmental organizations, I commend the efforts made by the Member States of this Organization once again to place at the centre of the global debate a topic of the importance of HIV/AIDS and our response as a commitment of mankind.

Since the Secretary-General appealed in the Assembly to Member States to assume the commitments whose implementation we are now reviewing, our country has joined other Member States in welcoming his appeal and working to meet the challenges.

Eight years have passed, and we certainly note extremely important progress, especially in the areas of care and access to antiretroviral treatment. But we also note that major challenges and gaps still remain, basically with respect to access to preventive services and treatment. Therefore, the epidemic continues to

spread, showing that the efforts made have not been sufficient to contain it.

On this public health issue, many of the inequities and inequalities in today's world exacerbate the vulnerabilities of people, significantly affecting the poorest countries, particularly those of Africa, the poorest within countries, young people, women, men who have sex with men, refugees, migrants and persons deprived of freedom, among others. Hence there is a need to focus more closely on social factors when dealing with prevention and treatment, tackling the socio-structural causes and inequities between and within countries to find more lasting solutions.

Individual social, cultural and regional realities must be taken into account in order to provide a more effective response to the epidemic, and diversity must be recognized as a cultural asset. That creates a need for information reflecting the various realities and for ongoing evaluation of the action taken. We need strategic alliances in order to advance towards solving the social problems affecting our societies and, consequently, health policies adapted to our various countries.

We also need more decisive involvement of all the relevant players to achieve the goals. That must become a more cross-cutting issue in society, with greater shared responsibility, involving more social actors, different government sectors and grass-roots organizations.

Our Government regards unrestricted respect for the human rights of people living with HIV/AIDS, and of the most vulnerable populations, as not only a State duty, but also a requirement for making progress in controlling the epidemic. Legal and political conditions must be created for the protection and promotion of human rights, particularly of those most vulnerable to infection.

Chile welcomes the creation of joint bodies and initiatives to combine efforts and resources as a big step forward in the struggle to close the huge economic gap in responses to HIV between the industrialized world and countries with fewer resources.

We attach great importance to the appeal made here for the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Together with national efforts, this has allowed progress towards a clearer response to the HIV/AIDS epidemic. However, we believe that this initiative results in two challenges that must be confronted: first, the need for the resources to strengthen Governments in their struggle to control the epidemic, rather than contribute to weakening their authority in health matters; and, secondly, the need to create mechanisms for medium- and long-term sustainability, which requires political commitments and resources.

We also stress the commitment of the Rio Group and the Horizontal Technical Cooperation Group of Latin America and the Caribbean on HIV/AIDS, as well as the lead bodies on this issue — the World Health Organization, the Pan American Health Organization and the Joint United Nations Programme on HIV/AIDS — which, in order to achieve universal access to prevention, treatment and care, have voiced the desire for vitally needed more decisive intervention to tackle this problem.

In my country, speedy access to free treatment is guaranteed for 100 per cent of the population. We also guarantee testing and treatment for all pregnant women in order to prevent the vertical transmission of HIV/AIDS.

Lastly, Chile reaffirms its commitment to continue working, with an emphasis on human rights and equity, to stem the AIDS epidemic and cooperate at the international and regional levels, and thus to contribute to the attainment of the Millennium Development Goals and the targets set by the Assembly.

The President: I now give the floor to His Excellency Mr. Paul Richard Ralainirina, Deputy Minister of Health of Madagascar.

Mr. Ralainirina (Madagascar) (*spoke in French*): My delegation welcomes this high-level meeting. Such meetings allow us to assess on a regular basis the implementation of the Declaration of Commitment adopted by the Assembly in June 2001 and to pinpoint the measures needed to give a new impetus to our common action against the scourge of HIV/AIDS.

At the regional level, Madagascar fully endorses the common African position, as well as the position of member states of the Southern African Development Community, and supports the Abuja Declaration of 2006.

During the African consultation of stakeholders in strategic planning, gender and civil society on how

to meet the challenge of HIV/AIDS, held in Madagascar last April, Mr. Marc Ravalomanana, President of the Republic of Madagascar, in order to highlight his permanent commitment, noted a number of barriers to trying to deal with HIV/AIDS: first, the poor quality of the health-care system and poor universal access to preventive care, treatment and support, due to lack of quality resources; secondly, the lack of truly engaged leadership in effective management of the response; and, thirdly, weak coordination, partnership and accountability. Those barriers, and a number of others, are well described in the Secretary-General's excellent report, on which I congratulate him.

Our authorities have always responded to the calls for strong leadership and the commitment and investment of all, each at its own level; for encouraging the development of solutions to remove socio-economic obstacles to universal access to prevention, treatment, care and support; and for attainment of the Millennium Development Goals.

The response includes national ownership, by implementing new prevention and control initiatives, through strategies based on proof, implementation of an integrated prevention package, the use of referral doctors and psycho-social associations to help people living with HIV/AIDS, and a multisectoral partnership; strengthened machinery to fight the sexually transmitted infections that give HIV an entry point; the establishment of solidarity funds to support individuals living with HIV; decentralization of management of the response, with implementation of an approach focused on communities according to their degree of vulnerability; adoption of laws and regulations protecting people living with HIV, as well as vulnerable groups, against all forms of discrimination and exploitation; and strengthening communication activities, focused on initiatives and actions which assist local and remote intervention.

As a result of those measures, our HIV prevalence rate remains at less than 1 per cent. However, we need to go beyond the figures and make vigilance our sole rule of conduct.

Madagascar is convinced that we need to speak the same language and take equal steps, at the same pace, with strong leadership at all levels. In terms of financial partners, we need to consider support for the response to HIV/AIDS as a true long-term investment, whatever the prevalence rate in question may be. We must also overcome the causes of the epidemic at the national, regional and international levels, developing and coordinating the most appropriate strategies, particularly in terms of prevention, and strengthen the partnership with the private sector and civil society in the response. Last, but not least, we need to improve the health service on offer, while reducing the cost to recipients.

Everything that we have been developing can be summed up in a few words: strategic vision and a long-term outlook; political will; active solidarity; and tenacity in the face of all trials. Let us open our hearts to these noble sentiments and equip ourselves with these key tools.

I am convinced that together we shall vanquish AIDS and allow future generations to avoid a worldwide catastrophe.

The President: I now give the floor to His Excellency Mr. Michael Vit, Deputy Minister of Health of the Czech Republic.

Mr. Vit (Czech Republic): I consider it an honour, as the Deputy Minister of Health of the Czech Republic, to represent the Czech Republic and the National AIDS Programme at this forum.

The Czech Republic has remained a country with a very low incidence of HIV/AIDS in the European and global contexts. By the end of 2007, the cumulative incidence of HIV/AIDS was 102 cases for every million people, while in the capital city of Prague the incidence was more than four times that level.

At the end of 2007, the number of registered cases of HIV/AIDS was more than a thousand. Although, over the years, there has been a kind of feminization of the epidemic, which is increasingly transferred by heterosexual sex — about 54 per cent — our epidemic is still dominated by the transmission of the HIV virus between men who have sex with other men. As of 31 December 2007, men accounted for 79 per cent of the total number of registered HIV/AIDS cases in the Czech Republic.

The Czech Republic is now implementing its fourth medium-term plan for HIV/AIDS, for 2008-2012. At the beginning of 2008, the Czech Government approved an intersectoral programme to tackle HIV/AIDS in the Czech Republic, which delegates more work to other ministries than the

Ministry of Health alone. That reflects the fact that HIV/AIDS is increasingly a problem for society as a whole, and not exclusively a health problem. To monitor the implementation of the medium-term plan, the internationally approved Joint United Nations Programme on HIV/AIDS (UNAIDS) indicators are used, facilitating a global comparison of the achievement of the objectives of the 2001 Declaration of Commitment and the 2006 Political Declaration.

Over the next five years, we will seek to stabilize the HIV/AIDS epidemic in the Czech Republic and reduce the annual increase in new cases of HIV/AIDS, as was the case from 2001 to 2007.

With regard to the Czech Republic's international cooperation, I would like to mention above all our cooperation with UNAIDS. Until last year the Czech Republic was a regular rotating member of its Coordination Board. Within the European Community, representatives of the Czech Republic regularly participate in a think tank and contribute to a number of European Union projects for HIV/AIDS surveillance, resistance to antiretroviral medicines and other fields. The Czech Republic also feels that it has a duty to countries of Eastern Europe and other countries stricken with the HIV/AIDS epidemic, which it seeks to help — for example, with a number of projects and experts, including the United Nations Development Programme.

I believe that this General Assembly meeting will bring new impulses to achieve the international objectives in tackling HIV/AIDS on a global scale.

I realize that there are many positive cases in which integrated intervention in prevention, care and treatment for people infected with HIV has helped to bring the HIV/AIDS epidemic at least partially under control. The Czech Republic is ready to apply those good practice programmes, and I am willing to discuss opportunities for cooperation with it, in bilateral and broader contexts, aimed at limiting the impact of the HIV/AIDS pandemic on the modern world.

The President: I now give the floor to His Excellency Mr. Bahtiyor Niyazmatov, Deputy Minister of Health of Uzbekistan.

Mr. Niyazmatov (Uzbekistan) (*spoke in Russian*): At the outset, I sincerely greet participants in this high-level meeting. It is an honour for me to speak on behalf of the Republic of Uzbekistan.

I believe that our discussion should make an important contribution both to understanding and to finding solutions to one of the most serious problems faced by the whole international community.

The spread of HIV has become a global problem, and our common success in defeating AIDS depends on the contribution of every country. Since the first HIV diagnosis in 1981, the infection has become the foremost global problem, affecting social, economic and demographic aspects of international development.

In taking this opportunity to discuss the problem of HIV/AIDS in an open and constructive manner, I would like to highlight several very important efforts made by the Republic of Uzbekistan.

Protection of the population's health is one of our country's priorities, and has always been at the centre of attention of its leadership. The declaration by Mr. Islam Karimov, President of the Republic of Uzbekistan, of 2005 as the Year of Health, 2006 as the Year of Charity and Medical Workers, 2007 as the Year of Social Protection, and 2008 as the Year of Youth was primarily aimed at mobilizing all knowledge and forces in the sphere of health protection to prevent infectious and non-infectious diseases.

It should be noted that the Republic of Uzbekistan confronted the AIDS problem somewhat later than other countries, and it is currently a comparatively safe country in terms of the spread of HIV.

We pay great attention to protection of the population's health and improvement of standards of living, which are the main priorities of our State's policy and are reflected in the guiding documents of the Republic.

In response to the epidemic, the Government, with the participation of international organizations and non-governmental institutions, is conducting purposeful activities to slow down the spread of HIV/AIDS.

Since 2003 we have had a successful national coordination committee, created under the Cabinet of Ministers, coordinating strategic programmes to counter the spread of HIV/AIDS, malaria and tuberculosis. The committee consists of 25 members representing governmental, public, non-governmental, religious and international organizations. In particular, organizations representing or supporting people living

with HIV contribute greatly to the committee's activities. Its main purpose is to create a tolerant attitude towards HIV-infected people, fight stigmatization and discrimination, and implement the national programme based on United Nations principles.

A unified monitoring and evaluation system to oversee the implementation of strategies in order to stabilize the HIV epidemic has been established.

The national strategic programme on response to HIV/AIDS for 2007-2011 has been in operation since 2003. Its principles are based on Uzbekistan's international commitments stated in the Millennium Development Goals, the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

The strategic programme for 2007-2011 foresees effective prevention programmes aimed at meeting the needs of vulnerable groups; ensuring access to quality medical care; support for and care of people living with HIV/AIDS, including the provision of antiretroviral therapy; creation of a favourable environment to enable work with vulnerable groups; and protection of the rights of people living with HIV/AIDS.

Since 2001, funding for the fight against AIDS has increased threefold. Access to key prevention and care services has considerably expanded. The Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as our United Nations partner organizations — the Joint United Nations Programme on HIV/AIDS, UNICEF, the United Nations Development Programme, the World Health Organization and the World Bank — implement their projects in the country.

The so-called Mahalla Fund, which belongs to local self-governance, contributes considerably to HIV/AIDS prevention. The Fund is an instrument for the promotion of a healthy lifestyle as a measure to prevent AIDS.

Effective implementation of the HIV/AIDS programme also depends on close cooperation with civil society and non-governmental organizations.

Along with most other Members of the United Nations, in 2001 the Republic of Uzbekistan associated itself with the International Declaration of Commitment on HIV/AIDS, in accordance with which it is associated with common international policy, strategies and approaches to curbing the epidemic.

The Republic of Uzbekistan is also guided by the United Nations "Three Ones" principles: one agreed action framework, one national coordinating authority and one agreed country-level monitoring and evaluation system. I would note that experience gained during implementation of the national programme within the "Three Ones" shows that it does not fully incorporate a number of other important areas. It should be specially noted that funding of some activities does not always meet the country's main HIV/AIDS priorities.

In that context, in the second paragraph of his April report (A/62/780) dealing with the midway point to the Millennium Development Goals, Secretary-General Ban Ki-moon rightly said: "progress in the response to HIV is evident in many regions, reflecting a return on the substantial investments made". But he believes that "this progress is uneven and the expansion of the epidemic itself is often outstripping the pace at which services are being brought to scale". This brings us to "the pressing need for a stronger commitment to HIV prevention".

Taking into account the Secretary-General's view on the need to strengthen the effective management of financial flows from various sources in order to purposefully promote activities aimed at HIV-prevention, Uzbekistan proposes to add to the existing three United Nations principles a fourth: one unified financial mechanism.

Ms. Bethel (Bahamas), Vice-President, took the Chair.

This meeting once again confirms that national strategies to fight HIV/AIDS are on the right track; they prevent further spread of the epidemic and improve the quality of life and life expectancy of people living with HIV/AIDS in Uzbekistan. Approval of our strategy shows appreciation of our activities on the international level.

I once again note that Uzbekistan has created favourable conditions for implementation of the planned activities to fight HIV, and I believe that we will succeed, not only in stabilizing, but in reducing, the spread of HIV/AIDS.

Finally, I wish all participants in this meeting and its organizers productive work and further success in carrying the planned endeavours.

The Acting President: I now give the floor to His Excellency Mr. Thomas Zeltner, State Secretary of Switzerland.

Mr. Zeltner (Switzerland): Switzerland, too, thanks the Secretary-General for his report, which is of great value for our work.

Although we are pleased with the positive developments since 2001, particularly with regard to access to treatment, there are no grounds for complacency. Major challenges remain, particularly in regard to prevention. We must remain vigilant to ensure that multisectoral, systemic and coordinated measures are taken, measures that are evidence-based and guarantee universal access to prevention, treatment, care and support.

There is no doubt that stigma and discrimination continue to worsen the situation of women and children, men who have sex with men, sex workers, drug users and persons suffering from HIV/AIDS and their families. All too frequently, HIV-positive people still face obstacles when seeking employment or wishing to travel. We are one of the countries that think there is no justification for those obstacles.

Switzerland strongly advocates that the promotion and protection of human rights, including rights connected with sexual and reproductive health, as well as gender equality, should be at the heart of all our efforts to fight HIV/AIDS.

If we want to prevent new infections, we must scale up our efforts to ensure that all persons have unrestricted access to education, information, decision-making power, support services, voluntary counselling and testing services and means to protect their sexual and reproductive health — in particular, access to condoms and treatment.

It is also necessary to improve prevention, therapy and harm-reduction measures, such as the distribution of syringes to injecting drug users. We are convinced that, in order to be effective, these efforts must go hand in hand with the strengthening of health systems and national and community capacities to respond to the HIV/AIDS pandemic.

Economic, social, cultural and legal factors that deny fundamental rights to girls and women must be eliminated. In this regard, we emphasize that men and boys have a crucial role to play in achieving gender equality.

Let us also stress the importance of respect for and protection of the rights of millions of children affected and infected by HIV/AIDS. Access of young people to sex education and to sexual and reproductive health services suited to their specific needs is also crucial.

In Switzerland there has been a slight decrease in the prevalence of HIV/AIDS in the past two years, but this masks an ongoing increase in new infections in certain risk groups, particularly among men who have sex with men.

With regard to the reduction of risk for intravenous drug users, the success of our strategy has been confirmed. Thanks to an approach that combines prevention programmes, the wide distribution of syringes, offers of treatment that also include the prescription of methadone and heroin, the transmission of HIV/AIDS by blood has been considerably reduced in that group.

At the international level, Switzerland is increasingly integrating the issue of HIV/AIDS in its development cooperation and humanitarian aid activities. In that regard, we are trying to ensure that prevention aspects are given increased attention and that all measures are evidence-based. Among its efforts, Switzerland is working to ensure that children and communities affected by HIV/AIDS, especially in sub-Saharan Africa, benefit from quality psychosocial support and that more weight is given to prevention, both in countries of low prevalence as well as in certain countries where there is a triple threat — HIV/AIDS combined with food insecurity and weak governance.

Switzerland pays tribute to the catalytic role played by the Joint United Nations Programme on HIV/AIDS (UNAIDS), and to the efforts of its 10 sponsors and of many other actors to respond effectively to this pandemic. We also thank and congratulate Peter Piot, the head of UNAIDS, for his formidable leadership in his function. Switzerland takes this opportunity to stress that the different roles and responsibilities should be shared appropriately, particularly with regard to UNAIDS support for the financing processes of the Global Fund. It is also crucial that all measures be coordinated at all levels to ensure sustainable solutions to the remaining challenges.

In conclusion, Switzerland wishes to reiterate its full support for the implementation of the 2001 Declaration of Commitment and the 2006 Political Declaration on HIV/AIDS.

The Acting President: I now give the floor to His Excellency Miguel Fernández Galeano, Deputy Minister of Health of Uruguay.

Mr. Fernández Galeano (Uruguay) (*spoke in Spanish*): Our delegation associates itself with the statement delivered by the Minister from Antigua and Barbuda on behalf of the Group of 77 and China, as well as the statement delivered by the Minister of Mexico on behalf of the Rio Group.

We also express our gratitude to the Secretary-General and agree with his report (A/62/780), in which he details progress achieved in response to HIV/AIDS, while pointing out that that progress is uneven and that the pandemic continues to spread at a faster rate than what is required to achieve internationally agreed goals and to fulfil the Millennium Development Goals.

Uruguay presents a profile of a concentrated epidemic with 0.45 per cent of prevalence among the general population, in contrast with a prevalence significantly higher than 5 per cent among persons in vulnerable situations, especially persons in detention centres, sex workers, drug users, and men who have sex with men.

Uruguay's national strategy in the integrated fight against AIDS is based on a number of strengths. Uruguay maintains inter-institutional dialogue mechanisms between the Government and civil society, as is the case with the National AIDS Commission-Country Coordination Mechanism (CONASIDA-MCP) and the National Advisory Commission on Sexual and Reproductive Health.

Also, high-priority programmes have been established at the national level to act as a regulator in the health system for the high-priority programme covering sexually transmitted diseases and AIDS, the strategic plan validated by CONASIDA-MCP and the national programme of women's health and gender. The agenda of sexual and reproductive rights must certainly include work on HIV/AIDS. Likewise, the work on HIV/AIDS must have a gender equity perspective, emphasizing prevention among women and changing the unequal power relations between men and women.

Uruguay has also defined protocols, norms and clinical guides on HIV/AIDS and on sexual and reproductive health that cover diagnosis, universal treatment, monitoring and advice from an interdisciplinary and comprehensive standpoint. We have also implemented social protection mechanisms and networks to improve the quality of life of people living with HIV, among which are free transportation, food aid and temporary or permanent pensions.

Even though we have been able to advance and strengthen the national response, our country still faces many weaknesses. First of all, we need to improve prevention, medical care and the promotion of healthy lifestyles that include the enjoyment of sexuality without harmful consequences, as well as to develop systematic, timely and suitable information that allows for the identification of critical areas in order to correct actions.

Secondly, we need to overcome the discontinuity of preventive interventions in sexually transmitted diseases, HIV and drug consumption, particularly in border, tourist and port areas.

Thirdly, it is essential to improve preventive interventions in syphilis and HIV and in pregnancy control services, with the aim of reducing the impact of congenital syphilis and the vertical transmission of HIV.

Lastly, our country needs to reinforce its public campaigns with a human rights perspective in order to eliminate all forms of stigmatization and discrimination against persons living with HIV. In that regard, we need to strengthen our national information and awareness programmes in the area of education, the workplace, and social and health services.

Currently, Uruguay has a great opportunity to reverse the epidemic situation and to avoid its expansion. First, our Government has a strong political will to do so. A thorough reform of the national health system based on the principles of universality, quality, sustainability and equity is under way, through a model of comprehensive assistance, strengthening the basic level of assistance and the system of primary health care.

We depend on an active, organized civil society committed to working for the achievement of the right to health for all as a fundamental human right and

demanding accountability from the Government in the fulfilment of its responsibilities and commitments.

Uruguay, as a middle-income country, so far has not received any support from the Global Fund to fight AIDS, Tuberculosis and Malaria. That is why we welcome the eighth-round changes in the criteria for eligibility. That support will be essential to strengthen the country's investment in HIV/AIDS and to build the necessary national capacity that would allow us to implement an effective and sustainable long-term strategy.

We appeal for the support of the United Nations system and its joint programme because only by coordinating the comprehensive responses of the international community will it be possible to stop the expansion of the epidemic and to guarantee the realization of everyone's human rights.

The Acting President: I now give the floor to Her Excellency Mrs. Speciose Baransata, Deputy Minister in Charge of HIV/AIDS of Burundi.

Mrs. Baransata (Burundi) (*spoke in French*): First of all, I would like to thank the President of the General Assembly at its sixty-second session for organizing this high-level meeting to share ideas on finding acceptable, viable and long-term responses with a view to ensuring access to prevention, detection, treatment and care in the context of the HIV/AIDS pandemic.

I take this opportunity to thank and congratulate the Secretary-General of the United Nations and his team for having organized these meetings under resolution 62/178 adopted by the General Assembly on 19 December 2007. We were pleased to see the report of the Secretary-General (A/62/780) on the Declaration of Commitment and the Political Declaration on HIV/AIDS.

I would also like to endorse the statements of the Group of 77 and China, the Group of African States and the Group of Least Developed Countries.

The opportunity to take the floor allows me to present the situation on HIV/AIDS and to describe the efforts of my country to curb the spread of the virus and to deal with infected people, as well as the major challenges that my country is facing.

Burundi is among the African countries that have the most cases of HIV, with an overall prevalence rate of 3.57 per cent. We have a widespread epidemic with an increasing number of women being affected. In the urban and semi-urban centres, the figures are stabilizing, but in the countryside the figures for HIV infection are rising.

Since 2001, when the special session of the General Assembly issued its Declaration, Burundi has established an institutional framework with a multisectoral and decentralized approach. The response is coordinated nationally by the National Council for the Fight against AIDS and its technical arm, the Permanent Secretariat. That structure is decentralized to the lowest level of the administrative hierarchy.

The programmes are implemented by the public sector through various ministries and other public agencies, civil society organizations, which are very active on the ground, and the private sector, which has been a bit late in intervening.

Burundi has acquired a number of tools, including policies, plans and guidelines that guide the action of stakeholders. Among those, I would mention the national strategic plan to fight AIDS for the period 2007-2011, the national follow-up assessment plan, guidelines for delivery of care and various documents on prevention.

Burundi's response to the ravages caused by the AIDS pandemic among individuals, families and communities is a multisectoral strategy involving 12 programmes, which constitute the Plan of Action 2007-2011 and cover four main themes. The first theme is the reduction of sexually transmitted infections, including HIV, by strengthening and broadening prevention; the second is the improved well-being and quality of life of persons living with HIV and persons affected by HIV/AIDS; the third is the reduction of poverty and other causes of vulnerability to HIV; and the fourth is improved management and coordination of the national response. Burundi has adopted that approach because we consider universal access to be the backbone of our policy to combat AIDS and the "Three Ones" as principles among the major conditions for its implementation.

Burundi has also joined international initiatives on HIV/AIDS. Among those, we would note the Declaration of Commitment on HIV/AIDS adopted by the General Assembly at its special session in June 2001; accelerated prevention; the 3 by 5 initiative; and universal access to prevention, treatment, care and

support by 2010. The New Partnership for Africa's Development offers a framework and new opportunities to implement the objectives of the African Union in terms of HIV/AIDS and the Millennium Development Goals. Subregionally, Burundi is an integral part of the Great Lakes Initiative on HIV/AIDS. Nationally, Burundi has waived the tax on antiretroviral drugs since 1999 and declared free access to those drugs for everyone in 2002. We have also joined the International Drug Purchase Facility initiative by enacting legislation to tax airplane tickets.

Burundi's efforts are supported by partners in the fight against the AIDS scourge and have yielded encouraging results, as noted in our report to the Secretary-General. In fact, only Bujumbura, the capital of the country, had six reception centres for the provision of antiretroviral drugs in 2002; today, 53 sites are up and running on the national territory. We had 600 patients receiving antiretroviral drugs in 2002; we now have 12,000. There was one centre for the prevention of mother-to-child HIV/AIDS transmission in Bujumbura; we now have more than 43.

Still, the challenges that remain are immense. With respect to antiretroviral treatment, we are still far from the objective of having at least 200 centres in 2010. More than 16,000 are awaiting treatment today, not to mention the 239,000 infected people who will end up needing treatment. The functioning treatment centres only cover 6 per cent of the estimated needs.

My Government is aware that tremendous efforts are necessary to achieve our ultimate objective, which is to stop new infections and to deal effectively with all of those individuals who are infected and affected. Thanks to our commitment, and with the support of our partners, we will win that wager.

In conclusion, I would like to reiterate my sincere thanks to all partners who support us and to launch an appeal to other donors to help us in our efforts to implement our national strategic plan to fight AIDS.

The Acting President: I now give the floor to His Excellency Mr. Melitón Arce Rodríguez, Deputy Minister of Health of Peru.

Mr. Arce Rodríguez (Peru) (*spoke in Spanish*): It is a great honour for me to address this important forum to briefly present the achievements and the pending challenges in the Peruvian response to the HIV/AIDS epidemic, and to reaffirm the commitment of the Peruvian Government led by Mr. Alan García Pérez and his Minister of Health, economist Hernán Garrido Lecca, to take decisive action to achieve the goals set forth at the special session of the General Assembly and the Millennium Development Goals.

Naturally, Peru associates itself with the statements made in this Assembly by the Minister of Health of Antigua and Barbuda on behalf of the Group of 77 and China, and by the Secretary of Health of Mexico on behalf of the Rio Group.

Since the first case was diagnosed 25 years ago, Peru has been undertaking comprehensive and multisectoral action on behalf of people living with HIV/AIDS and those affected by it. Representatives of several institutions that make up the Multisectoral Committee are accompanying me in this Assembly. With that strength, it has been possible to design a multisectoral strategic plan and to implement it at the national level. Furthermore, that document includes actions against other sexually transmitted infections.

The plan proposes to significantly reduce the current rate of prevalence of HIV of 0.6 per cent among the general population and to reduce the incidence by 50 per cent in the vulnerable population by 2011. The plan also proposes to reduce the vertical transmission from 14 per cent to less than 2 per cent. In that regard, it is our highest aspiration to ensure that children of HIV-positive mothers are not born infected and that mothers and children alike have a dignified life with equal opportunities despite the presence of HIV in their lives. In that respect, it is reassuring to note that the screening of mothers increased from 31 per cent in 2004 to 71 per cent in 2007.

Antiretroviral treatment has been offered free of charge to those who require it. In its first phase, that was possible thanks to the support of the Global Fund and other partners. It is currently underwritten by the national budget. The assistance of the Global Fund and other partners remains necessary; preferably oriented to technical assistance, prevention, and the promotion and strengthening of health services.

The pending agenda is focused on promoting healthy lifestyles and preventing infection. That is a difficult task, but we are carrying it out in close interaction with the education sector, with the active participation of the population as a whole.

At the regional level, Peru is participating in the joint negotiation of the Andean subregion for the purchase of antiretrovirals, which will make it possible to reduce purchase prices and to guarantee the adequate supply of medicine.

I should also add that Peru currently holds the technical secretariat of the Horizontal Technical Cooperation Group, and is responsible for leading that organization's actions, ensuring the implementation of its plan, and representing Latin America and the Caribbean in the regional and global fight against the HIV pandemic.

Lastly, I would like to reiterate the solidarity of the Government and people of Peru with people who live with HIV/AIDS and those affected by the pandemic, expressing to them our commitment to strengthening our national response within a framework of respect for human rights.

The Acting President: I now give the floor to Mr. José Vieira Dias Van-Dúnem, Deputy Minister of Health of Angola.

Mr. Van-Dúnem (Angola): At the outset, allow me to congratulate President Kerim on convening this very important meeting. This meeting provides an excellent opportunity for us to review the progress that has been made with respect to the United Nations Declaration of Commitment on HIV/AIDS and to renew our commitment to the fight against that disease.

My delegation fully associates itself with the statements made by the representative of Antigua and Barbuda on behalf of the member countries of the G77 and China and by the representative of Egypt on behalf of the African Union, as well as with the statement made by the representative of Zambia on behalf of the Southern African Development Community.

We would like to express our appreciation for the detailed and comprehensive report that we have before us, provided by the Secretary-General, and we take note of the recommendations contained therein.

The report enumerates the greatest challenges to be addressed, especially those related to the prevalence of HIV among young people and HIV infections among adults, in particular in the sub-Saharan region, and we strongly believe that prevention is the key. Our preventive efforts must be built on evidence, based on human rights, and fully recognize the complexity of the challenge ahead.

Many of the health problems in Angola are being addressed with a global strategy that fits into the efforts of the African region, more specifically in the cooperation with its neighbouring countries. In comparison to other countries in the region, Angola has a relatively low rate of HIV/AIDS infection — less than 3 per cent — which is of value in the fight against the pandemic.

We have a strategic national plan of combat against HIV/AIDS, which has established intervention benchmarks that respect the principle of "Three Ones", allowing us to attain our goals in a synergic manner. The plan was elaborated with the participation of multiple sectors and fields, involving the Government, the army, persons living with HIV/AIDS, the private sector, churches and civil society, among others.

In 2004, 2005 and 2007, we conducted national surveys to determine the rate of HIV infection in pregnant women, which allowed us to discern a feminization of the disease and to have a better understanding of the dynamics of the epidemic in the country.

The main challenges of the HIV/AIDS combat strategy include, first of all, the sharing of information to address the pandemic among adolescents and young adults, especially women; access to free testing and counselling; and the distribution and use of condoms and stopping mother-to-child transmission.

The provision of free access to HIV treatment has gradually expanded, now covering all provincial capitals, but there have been difficulties arising from the lack of human resources. We must use our imagination and utilize sectors within the health system that are still insufficiently explored in order to reach all 182,000 people living with AIDS in Angola.

The fight against stigmatization and discrimination, involving educational institutions, artists and opinion-makers and people living with HIV, has been influential in the success of that intervention.

To conclude, I must convey our appreciation to the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as to the United States President's Emergency Plan for AIDS Relief, among other institutions, for all the support they have been giving my country, and reaffirm the commitment of my country and of the President of the Republic, who leads

the national commission to fight AIDS, to successfully overcome that challenge.

The Acting President: I now give the floor to Her Excellency Ms. Terttu Savolainen, State Secretary of Social Affairs and Health of Finland.

Ms. Savolainen (Finland): Finland aligns itself with the statement made by the representative of Slovenia on behalf of the European Union.

We recognize the reported advances made since the Declaration of Commitment was adopted, but there is a serious risk that too little is being done in the area of primary prevention. It is worrying that basic prevention services and, indeed, knowledge of the true risks of HIV infection are not available to far too many, particularly the young. We need to acknowledge that, with the current level of effort, our target of universal access to prevention may not be achieved within the time frame we originally set.

In the face of a still growing pandemic, we must increase our efforts and put a strong focus on HIV prevention in ways that ensure that particularly vulnerable groups are reached. It is inhumane to deny prevention tools that have been shown to work over and over again to those who need them.

The development of a concrete and working preventive vaccine has not progressed as hoped and we simply cannot afford waiting yet another 10 or 20 years for the magic bullet to appear. Focusing national and international efforts on all levels of prevention using existing tools is more important than ever.

An effective and sustainable solution to the feminization of the epidemic is investment in girls and women, in their education and in improving their health and social status, including ensuring and enforcing their sexual and reproductive rights. Greater investment should be made in strengthening health systems and finding the human resources necessary to deliver public health, education and social services, which are of vital importance in achieving effective HIV prevention, treatment, care and support. There is a clear need to strengthen the linkages between HIV/AIDS and sexual and reproductive health and rights. Everyone should have the right and means to make informed choices regarding their sexuality and reproduction.

The role of civil society as a key partner and the promotion of its meaningful participation in all aspects and stages of HIV/AIDS responses is an invaluable asset that should be employed whenever possible. Cooperation with and direct national funding of civil society organizations is a good policy, and one that may overcome many barriers inherent in addressing HIV/AIDS through health systems alone. All those living with HIV/AIDS should be able to enjoy full human rights free of stigmatization and discrimination, as well as discriminatory travel restrictions.

In light of our own commitments and from a human rights perspective, it is simply not acceptable that, seven years after the adoption of the 2001 Declaration of Commitment, the majority of injecting drug users, men who have sex with men, sex workers, prisoners and migrants, as well as far too many women and children, still lack real access to prevention tools and services. Among the many groups at risk, those who inject drugs are among the most vulnerable and marginalized of all. Sustained access to clean and safe injection equipment and easy and comprehensive access to male and female condoms are not just important, but are essential tools to stop the epidemic.

We recommit ourselves to the goals and objectives of the Declaration of Commitment. Finland urges the international community to work together to ensure that we reach our goals of comprehensive access to HIV/AIDS prevention, treatment, care and support throughout the world. With two years remaining to the target date, we have no time to lose.

The Acting President: I now give the floor to His Excellency Humberto Salazar, Secretary of State of the Dominican Republic.

Mr. Salazar (Dominican Republic) (*spoke in Spanish*): The Dominican Republic commends the holding of this high-level meeting, while endorsing the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. In that respect, thanks to the political commitment of our President Leonel Fernández Reyna, the Dominican Republic is making enormous efforts, jointly with political governmental institutions, non-governmental organizations, networks of people living with HIV/AIDS and international cooperation agencies, to strengthen the national response to the epidemic.

The mobilization of resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and other national sources has resulted in

a significant expansion of the national response, which is evident in the results revealed by a 2007 demographic and health survey showing that the HIV/AIDS prevalence rate in the Dominican Republic has decreased to 0.8 per cent from 1.0 per cent in 2002. That reflects, for the most part, the effectiveness of the actions taken at the national level to halt and begin to reverse the spread of HIV/AIDS, as established by Millennium Development Goal 6, to which the Dominican Republic is deeply committed.

Aware that HIV/AIDS is the sixth leading cause of death worldwide, the Dominican Republic has concentrated its efforts on the early detection of people living with HIV/AIDS and of those requiring antiretroviral drugs. In that respect, the free provision of antiretroviral drugs by the State has increased from 11.9 per cent to 29.1 per cent for adults since 2005, and from 24.4 per cent to 46 per cent for children.

Likewise, acknowledging the feminization of the epidemic, the Dominican Republic is placing an emphasis on the protection of children, young people and women by promoting human rights, on the reduction of stigmatization and discrimination, on citizenship status, on gender equality, on equality of opportunities and on the empowerment of women within the structure of sexual and reproductive health rights as the key elements for women, adolescents and girls to be less vulnerable to this health condition.

It must be pointed out that the Government acknowledges and ratifies the importance of the Three Ones principles of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Pursuant to that issue, it agreed with all stakeholders in 2007 to establish an agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners, as reflected in the National Strategic Plan for Prevention and Control of STI/HIV/AIDS 2007-2015. In 2001, it created a national AIDS coordination authority, with a broad-based multisectoral mandate, known as Presidential AIDS Council. Currently, it is in the process of strengthening an agreed country-level monitoring and evaluation system.

To conclude, we firmly believe that while significant advances are being foreseen to halt the spread of the epidemic, it is now time to look towards a promising future in the short, medium and long term, with the active and vigorous participation of all actors involved in this process, and to advocate greater funding for developing countries like the Dominican Republic from donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. In its commitment, the Dominican Republic echoes Mr. Peter Piot, Executive Director of UNAIDS, when he says that we must commit ourselves to not simply continuing our efforts, but to intensifying them, and also to adapting them to the new reality on the ground.

The Acting President: I now give the floor to His Excellency Serik Ayaganov, Member of Parliament of Kazakhstan.

Mr. Ayaganov (Kazakhstan) (*spoke in Russian*): First of all, I would like to thank the Secretary-General for initiating this meeting and emphasize the importance of his comprehensive report entitled "Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals" (A/62/780). My delegation believes that the review will help us assess the real scope of the epidemic and methods to combat it.

The HIV/AIDS pandemic is one of the global challenges that have negative repercussions on economic development and hamper the achievement of the Millennium Development Goals (MDGs). It is necessary to acknowledge that the international community's efforts towards combating HIV/AIDS are not yet sufficient.

Since the time of signing the Declaration of Commitment on HIV/AIDS that was adopted by the special session of the General Assembly in 2001, Kazakhstan, along with other countries, has achieved a certain amount of progress in combating HIV/AIDS. The Government of Kazakhstan endorsed the concept of the State policy on combating AIDS in the Republic of Kazakhstan. The legislative basis for this is also being improved. Changes have been made to the law on prophylactics and treatment of HIV infection and AIDS, which was amended to upgrade it to international standards.

Kazakhstan's current State programme on combating the AIDS epidemic has already achieved positive results in introducing modern standards of epidemiological surveillance of HIV infections, increased voluntary HIV testing, provision of medical services to high-risk groups and prevention activities among the population through information and education.

Treatment and care for those who are HIV-infected or are suffering from AIDS, including access to antiretroviral treatment, is an important component of the activities being undertaken by the Government of Kazakhstan. Beginning in the year 2010, a provision will be made in the State budget for those who are currently not receiving such treatment.

As recognized by international organizations, the country has an advanced national surveillance system that provides data for monitoring and evaluation of activities on combating the infection.

This year, the complexity and scope of the tasks being implemented called for participation of the civil society, which is gaining support from the Government. There are 78 non-governmental organizations (NGOs) working in field of the prevention of HIV/AIDS. Within the framework of the social contract, the Government of Kazakhstan has allowed for the financing of NGOs. The latter encouraged the representatives of civil society to actively participate in the development, implementation and evaluation of prevention activities and measures on the treatment and care of people living with HIV/AIDS.

Despite certain progress made in counteracting HIV/AIDS achieved at the national level, there are some issues that require concerted efforts. Although the main means of infection in Kazakhstan is still through blood transfusion among drug users, the number of cases of sexual transmission is increasing alarmingly, which is threatening the broad mass of the population outside the risk groups.

There are still such acute problems as stigmatization and discrimination of HIV-infected people, maintenance of their health, including treatment of concomitant diseases, social protection of those infected with HIV, and their full participation in the workforce and in social life.

In 2006, Kazakhstan faced the unprecedented outbreak of HIV infection of 149 children through blood transfusions in hospitals. Eventually, the outbreak was localized with the assistance of an international organization.

The Government of Kazakhstan expresses its gratitude to the Joint United Nations Programme on HIV/AIDS, the World Health Organization, UNICEF, the United Nations Population Fund, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and other international organizations that provide tangible support in implementing programmes on combating HIV/AIDS in Kazakhstan. We welcome their continued productive collaboration in that particular area to help us in dealing with this epidemic of the twenty-first century.

Obviously, today's high-level meeting is evidence of the fact that the world community recognizes the importance of consolidated efforts to effectively fight the HIV/AIDS pandemic. My delegation, on behalf of the Government of Kazakhstan, would like to reiterate its commitment to counteract HIV/AIDS and its determination in achieving the target set by the MDGs.

The Acting President: I now give the floor to His Excellency Mr. Panagiotis Skandalakis, Member of Parliament of Greece.

Mr. Skandalakis (Greece): General Assembly resolution 62/178 expressly encouraged Member States to include parliamentarians in their delegations to this high-level meeting. As a member of the Hellenic Parliament, it is an honour for me to head my country's delegation.

Greece associates itself with the statement made yesterday by Slovenia on behalf of the European Union.

I wish to thank the Secretary-General for his report on the implementation of the 2001 Declaration of Commitment and on the 2006 Political Declaration on HIV/AIDS (A/62/780). The report indicates that although progress in containing HIV/AIDS is now being seen in nearly all regions, the HIV epidemic remains a major and long-term challenge. More than 40 million people live with HIV worldwide and more than 2 million become infected every year. AIDS killed 2.1 million people in 2007. Those numbers are unacceptable in today's world. The feminization of the epidemic and the new HIV infections among children and young people are sources of further concern. Achieving the Millennium Development Goals largely depends on fighting HIV/AIDS successfully. In that respect, comprehensive policies with regard to universal access to prevention, treatment, care and support are needed.

Allow me to share the main features of Greece's response to HIV/AIDS. In spite of a low prevalence rate, Greece has spared no effort in addressing the

challenges posed by the fight against HIV/AIDS. In 2007, Greece proceeded to update its strategy and issued a national action plan against HIV/AIDS, which emphasizes prevention policies, elimination of stigmatization and discrimination and the further improvement of treatment, care and support. The plan stresses cooperation between the authorities and civil society for the full realization and respect of human rights and fundamental freedoms for all. In the field of research and education, the plan focuses on the training of health professionals and on biomedical, clinical, social and cultural research.

Last year, Greece spent €45 million on the fight against HIV/AIDS, focusing mainly on awareness campaigns, antiretroviral treatment and on the funding of non-governmental organizations. More specifically, the Hellenic Aid Agency of the Ministry of Foreign Affairs has allocated €7.2 million to relevant bilateral and multilateral development cooperation funding, including support to the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

As underlined in the Secretary-General's report, fighting HIV/AIDS requires strong, sustained political commitment and leadership involving all relevant sectors of society. In that respect, parliamentarians have a specific role to play together with Governments, civil society, the business community and the private sector.

Mr. Njie (Gambia), Vice-President, took the Chair.

The first global parliamentary meeting on HIV/AIDS, held in Manila last year, called for strong leadership by parliamentarians in addressing HIV/AIDS. Members of parliament can use their leverage to effectively monitor Governments and civil services and to initiate and promote a rights-based response to the AIDS epidemic.

Let us unite our forces. Together we will win the fight against AIDS.

The Acting President: I now give the floor to His Excellency Mr. Mohammed Abul Kalam Azad, Additional Secretary of the Ministry of Health and Family Welfare of Bangladesh.

Mr. Azad (Bangladesh): I have the honour to speak on behalf of the least developed countries. Our group wishes to express its appreciation to the Secretary-General for his comprehensive report, which shows that expanded treatment efforts continue to gather momentum.

In 2007, an additional 1 million people were provided with antiretrovirals. However, the number of people living with HIV increased by 2.5 million and the deaths of 2.1 million occurred during the same period. Sub-Saharan Africa continues to be the ground-zero of that crisis. Worldwide, around 70 per cent of those in need of antiretroviral treatment are still not covered. If the current trend in scaling up care and treatment continues, the number of people receiving antiretroviral drugs in 2010 will reach approximately 4.5 million, which is less than half of those in urgent need of treatment.

In many least developed countries, the heavy burden of disease poses significant risks to their socio-economic development. Absence of basic medicines, poor health infrastructures, poverty, gender inequality and lack of awareness are some of the constraints in obtaining essential HIV prevention, treatment, care and support services in the least developed countries. Acute shortages of health-care professionals, further aggravated by brain drains, impede the scaling up of HIV treatment and prevention services in many countries. That situation must be urgently addressed.

We have only two years until the target date for achieving universal access to HIV prevention, treatment, care and support. While the resources mobilized to date are encouraging, the gap between available resources and actual needs is nevertheless increasing. Unless greater and swifter advances are made in reaching those who need essential services, the epidemic's burden on households, communities and societies will continue to grow.

With a view to achieving universal access, far greater investment is required in the infrastructure of health systems, including human, administrative, procurement and financial resources. Additional international funding would be necessary for public health and development. The innovative sources of financing such as the airline levy used by the International Drug Purchasing Facility are welcome initiatives. We welcome other such initiatives. Harmonization and coordination, as well as stability and the long-term predictability of funding, are critically important. Unprecedented human resources

should be mobilized to address the crisis in an effective manner.

Achieving universal access requires the participation of a wide range of stakeholders. Government agencies, with the support of the civil society, can contribute effectively to the delivery of HIV-related services and to the monitoring of national performance. Such a broader, integrated strategy can facilitate achieving the Millennium Development Goals, particularly to combat HIV/AIDS, malaria and other diseases.

Each citizen of the world has the right to access essential medicines and treatment at an affordable price. Transfer of technology and capacity-building in the pharmaceutical sector are critically important, as identified in paragraph 6 of the Doha Declaration. However, the current international intellectual property regime is not conducive to technology transfer; it mostly favours producers and holders of intellectual property rights, which are mainly found in developed countries. The existing regime gives patentees monopoly rights over the product or process while disregarding those who cannot afford to pay the price of the product. Full and efficient universal access to basic medicines will require the enactment of an innovative differential pricing system. The least developed countries should have affordable access to modern technologies and technical know-how.

I would now like to say a few words in my national capacity. Although the HIV prevalence rate in Bangladesh is very low, we are in a high-incidence zone. Our response to the pandemic has received high praise.

In conclusion, what we need is goodwill, political courage and leadership. The scaling-up of efforts and coordinated action at all levels are needed immediately. On behalf of the least developed countries, I express our firm conviction that we will do our best to achieve our goal.

The Acting President: I now give the floor to His Excellency Mr. Tapuwa Magure, Chief Executive of the National AIDS Council of Zimbabwe.

Mr. Magure (Zimbabwe): It is an honour to address this Assembly today as we meet to review the progress we have made in the fight against HIV/AIDS. Zimbabwe aligns itself with the statements made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China, by the representative of Egypt on behalf of the Group of African States, and by the representative of Zambia on behalf of the Southern African Development Community.

Sub-Saharan Africa remains the region of the world that is the worst affected by HIV/AIDS, and the disease has reversed most of the gains that we have achieved over years both socially and economically. The region continues to lose its people in the productive age group to the epidemic. No specific sector has been spared, and the disease remains the leading cause of morbidity and mortality in the history of humankind.

The Government of Zimbabwe remains fully committed to a multisectoral response to the epidemic. It has made significant strides towards achieving universal access to all HIV/AIDS services and interventions by 2010. HIV/AIDS was declared a national disaster so as to give priority to the disease and its impact. The Government of Zimbabwe has established the National AIDS Trust Fund, which is purely a home-grown fund that is being administered by the National AIDS Council of Zimbabwe. Contributions to the National AIDS Trust Fund are calculated at 3 per cent of all taxable income and are collected monthly. The National AIDS Council was established by an act of Parliament to coordinate and facilitate a multisectoral response to the pandemic and the implementation of the Zimbabwe national HIV/AIDS strategic plan.

The national HIV/AIDS strategic framework was formulated through consultations with all key stakeholders in the country, including people living with HIV, civil society, bilateral and multilateral agencies, the Government, the private sector and other community representatives. The framework covers the period 2006-2010, and its main goal is to achieve universal access to all HIV/AIDS prevention, care and support interventions. The framework also recognizes the vulnerable groups to be targeted in order to control the spread of HIV/AIDS.

Zimbabwe continues to ensure access to prevention services for all its citizens. The prevention of mother-to-child transmission programme has been expanded to cover every district in the country. Testing and counselling services remain one of the major HIV/AIDS prevention interventions in Zimbabwe. Efforts have been made to ensure that those services

reach the grass-roots levels through mobile testing and counselling services.

We continue to value the importance of preventing HIV/AIDS, especially among young people. HIV/AIDS education has been integrated into school curriculums to ensure life skills for young people. Out-of-school young people have access to HIV/AIDS education thanks to the establishment of youth centres throughout the country whose staff are equipped with skills in providing youth-friendly services.

My Government remains committed to meeting the targets that have been set. Through decentralization from central to district hospitals, it has put in place measures to scale up access to antiretroviral drugs and medicines to treat opportunistic infections. Sites providing antiretroviral therapy have been decentralized throughout the country, resulting in increased accessibility. Of the possible 300,000 who may require them, Zimbabwe currently has more than 105,000 people on antiretroviral drugs, in both the public and private sectors. That figure represents only 33 per cent of those who are in need of the drugs.

In addition to the provision of treatment, the Government is in the process of strengthening health systems to further enhance the scaling up of treatment. A local pharmaceutical company has been manufacturing antiretrovirals and drugs to treat opportunistic infections, such as cotrimoxazole and fluconazole.

The Government adopted the national plan of action for orphans and vulnerable children to ensure that their needs were catered to. Child protection committees have been put in place at all levels to ensure community safety nets. The Government is also working with traditional leaders to improve food security for the most vulnerable members of society. A basic education assistance model is another safety mechanism that has been put in place to facilitate access to basic education for vulnerable children.

We would like to acknowledge the role played by civil society in the response to HIV/AIDS in Zimbabwe. Civil society is involved in prevention, treatment, literacy and mitigation services that have strengthened the Government's response. Zimbabwe also benefits from good relations with both its bilateral and multilateral partners.

The HIV/AIDS pandemic cannot be addressed selectively in this increasingly globalized village. We appreciate the support currently being provided by the Global Fund and we urge it to scale up the level of support so that we may also scale up our response.

Despite the achievements in reversing the impact of the HIV/AIDS epidemic, Zimbabwe still faces major challenges. It is widely accepted that HIV/AIDS has major economic and social repercussions on individuals, families, communities and society as a whole. The key challenge facing the Government is how to provide affordable and acceptable antiretroviral therapy. Although local pharmaceutical companies are producing antiretrovirals, there is a need to considerably scale up their capacities so that they can meet the demand. In that regard, we urge all our partners to assist in capacity-building and the provision of more antiretroviral drugs.

Despite massive investment in the training of health professionals, Zimbabwe continues to suffer from the brain drain phenomenon. It is regrettable that we are losing our skilled human resources to the developed world. That has derailed plans to expand HIV/AIDS services.

Despite the numerous challenges I have outlined, Zimbabwe is confident that, with increased cooperation from the international community, we will come closer to meeting our targets for universal access to HIV/AIDS prevention, treatment, care and support by 2010.

The Acting President: I now give the floor to His Excellency Mr. Prat Boonyawongvirot, Permanent Secretary of the Ministry of Health of Thailand.

Mr. Boonyawongvirot (Thailand): It is a great honour to represent Thailand at this high-level meeting on AIDS and to have an opportunity to share with the General Assembly some perspectives on Thailand's response to HIV/AIDS and its efforts to achieve universal access to prevention, care and treatment.

Thailand's response to the HIV epidemic has been globally recognized as a success story. It has been estimated that the annual incidence of new HIV infections was as high as 130,000 cases during the early 1990s. Since then, strong and sustained commitments and coordinated efforts aimed at prevention programmes — including national public information campaigns and the promotion of a 100 per

cent condom use programme — have led to a dramatic decrease in the incidence of HIV infection, with a tenfold reduction in new infections.

In an attempt to achieve universal access by 2010, Thailand has adopted a preventive strategy with the ambitious target of reducing the number of new HIV infections by half in 2010. The strategy targets five specific vulnerable groups, including discordant couples, men who have sex with men, injecting drug users, female sex workers and their clients, and young people.

Several measures have been implemented to prevent transmission among discordant couples, including promoting voluntary HIV testing and counselling, encouraging frank disclosure of one's HIV status, counselling and free condom distribution for all HIV-infected persons.

In order to cope with the high prevalence of HIV infection among men who have sex with men, the Thai Government responded swiftly by providing HIV- and sexually transmitted disease-friendly services. That included sexual health education for men who have sex with men and the setting up and expansion of pilot networks of such men, including peer leaders, at the provincial level.

Against that backdrop, a notable success has been our 100 per cent condom use programme. The current prevalence rate of HIV infection among female sex workers is much lower than it was in the early 1990s. However, a higher proportion of direct sex workers and non-Thai female sex workers make it difficult to promote full condom use. The Government has therefore strengthened outreach activities and clinics for sexually transmitted infections and has also ensured free condoms for all sex workers.

To strengthen prevention among injecting drug users, a methadone maintenance programme focused on harm reduction is available throughout the country. For the first time, this year the cost of the methadone maintenance programme is now covered under our universal coverage scheme.

With our strong commitment to reducing the number of new HIV infections, the Government has harmonized efforts among the relevant Government sectors, international and non-governmental organizations and local communities to scale up HIV prevention efforts among young people. Condom use among young people has begun to rise, from 30 per cent to 60 per cent.

To scale up access to treatment, care and support, the Royal Thai Government made a commitment in 2006 to ensure universal access to antiretroviral treatment. All Thais who are in need of antiretroviral treatment can currently access treatment and care through three main schemes, namely, the universal coverage scheme, the social security scheme and the civil servant medical benefits scheme. Those schemes cover both first- and second-line antiretrovirals regimens, treatment for opportunistic infections and HIV-related services. More than 180,000 patients already have access to antiretroviral therapy. In addition, in order to meet the needs of those who are ineligible under those schemes, including migrant workers and displaced persons, Thailand has been working with the Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure access to antiretroviral therapy without discrimination on the basis of status.

Allow me to conclude by saying that Thailand stands shoulder-to-shoulder with all countries and international partners to continue the global commitment to preventing HIV infections and to mitigating its impacts. Thailand will continue to pursue all efforts to protect its citizens, as well as migrant workers, against HIV infection and to provide quality treatment, care and support in response to the global HIV epidemic. We are ready to cooperate with all others to expand our common endeavours to address the epidemic across the world.

The Acting President: I now give the floor to His Excellency Mr. Murray Procton, Ambassador for HIV/AIDS of Australia.

Mr. Procton (Australia): In the seven years since the adoption of the 2001 Declaration of Commitment on HIV/AIDS, the world has seen an unprecedented mobilization of resources to address HIV. Innovative partnerships have been established to support a heightened response to the epidemic and there has been a correspondingly dramatic increase in the number of people in low- and middle-income countries with access to treatment. That figure has risen 42 per cent in the past two years. If that increase can be maintained, the goal of achieving universal access to treatment will almost be within our grasp; but what of universal access to prevention?

As the Secretary-General has reported, the number of new infections is two and a half times higher than the number of people receiving antiretrovirals. One dollar invested in prevention can save up to $8 in treatment costs. It is obvious to us all that treatment gains will be rapidly undermined unless prevention is the mainstay of our response.

Nearly 5 million people in Asia and the Pacific are living with HIV. The epidemic is still expanding in many countries in our region, including the populous countries of China, Indonesia and Viet Nam. Without an enhanced response, it is estimated that the prevalence of HIV among adults in Papua New Guinea will rise to over 2 per cent by the end of 2008 and to over 4 per cent by 2011. In the neighbouring Indonesian province of Papua, a population survey confirmed that the adult prevalence was 2.4 per cent in 2006. That data from Australia's nearest neighbours is sobering. The epidemic is outpacing the response.

There is therefore no time for half-measures. For the first time ever, we have the resources and knowledge to halt the spread of HIV. What is needed now is the political courage and leadership to take effective action. Australia endorses the call of the Secretary-General to scale up focused HIV prevention for populations most at risk.

Injecting drug use has fuelled epidemics across Europe and Asia. In East Asia, the epidemic is dynamic and evolving. Men who buy sex will be the most powerful driving force behind Asia's epidemic over the next decade. Male-to-male sex will also become one of the main sources of new HIV infections in Asia by 2020. Yet coverage of those key populations with prevention services remains very low, often less than 5 per cent.

Australia's own experience in that area testifies to the success of focused and evidence-based prevention efforts. The mobilization of affected communities has been central to Australia's success in HIV prevention. People living with HIV, gay men, people who use drugs and sex workers have helped to lead the national response, working in partnership with the Government, the health sector and researchers. That partnership has ensured that community-based prevention remains at the forefront of our strategy.

Affected communities have been involved in the planning and provision of targeted services such as peer education and outreach, and have helped shape our research agendas. We have adopted a pragmatic approach that has been highly cost-effective. Our national needle and syringe programme has averted an estimated 25,000 new infections over a nine-year period, saving up to $A 7.6 billion in treatment costs.

Through our overseas aid programme, Australia has committed to working with the private sector, forming a partnership with the Asia Pacific Business Coalition on HIV/AIDS to harness the capacity of business to respond to the HIV epidemic. In Papua New Guinea, for example, that has resulted in the establishment of a national business coalition that runs a hotline to provide counselling advice on HIV issues.

Together with our partners, we have pioneered harm reduction approaches to HIV prevention in Asia. Australia supports a number of important programmes that focus on HIV and injecting drug use in South and South-East Asia, including an eight-year commitment to reducing the spread of HIV associated with drug use in six countries. The Government of the Netherlands has joined us in funding the Viet Nam component of that programme.

Australia is strongly committed to working in partnership with countries, the United Nations, donor agencies, the private sector and affected communities in the Asia-Pacific region to achieve universal access to HIV services, halt the spread of HIV and achieve the health-related Millennium Development Goals.

By 2009, our Government will have expended nearly $A700 million in aid on the global HIV response since 2000. We will be investing an additional $A200 million in partnerships with United Nations agencies to achieve the Millennium Development Goals over the next four years, including funding for the Joint United Nations Programme on HIV/AIDS.

In conclusion, it is 2008. We have two years to make good on our promise of universal access to prevention. We have seven years to halt the spread of HIV. Let us resolve to seize the moment and recommit ourselves to do what we know it takes to reach those goals.

The Acting President: I now give the floor to His Excellency Mr. Louis-Charles Viossat, Ambassador for HIV/AIDS of France.

Mr. Viossat (France) (*spoke in French*): Allow me, first of all, to underscore that France fully supports

the statement delivered by the representative of Slovenia on behalf of the European Union.

This periodic assessment, which we scheduled in 2001, is essential. It illustrates the high level of commitment to combat AIDS on the part of all the countries represented here in New York. That fight is both a public health necessity and an ethical imperative. This meeting also illustrates the renewed determination of States, working in partnership with civil society, to transparently hold themselves accountable for both the progress made and the obstacles encountered in the face of an epidemic that is unique in terms of both scope and seriousness.

We, too, would like to thank the Secretary-General for the quality of his report (A/62/780), which provides very useful recommendations and quite clearly illustrates the considerable progress made since 2001 and the enormous challenges confronting many countries and the international community as a whole.

The results are clear. Incremental progress, which was merely a common goal just a few years ago — has now become a reality, in Africa and throughout the world. Those results were possible thanks to the personal efforts of many heads of State and Government, who together were responsible for the establishment of innovative tools to combat the pandemic — including the Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Drug Purchase Facility (UNITAID) — as well as massive fund-raising, in which France plays a crucial role. Of course, that summit-level mobilization is also part of the exceptionally determined efforts being made in many countries by communities infected or affected by the disease, including non-governmental organizations, foundations and the private sector. Rather than making us complacent, however, that progress should lead us to intensify our efforts to curb the epidemic and achieve the goal of universal access to HIV prevention, treatment, care and support. To that end, particular emphasis should be placed on the various areas highlighted in the statement delivered on behalf of the European Union.

Throughout the world, AIDS in particular affects women and minorities. Before antiretroviral therapy treatment was available, AIDS in France took the heaviest toll among gay men, intravenous drug users and migrant women. Responding effectively to the epidemic among those three marginalized groups in our country was a challenge. By working closely with groups representing affected individuals and by making some changes to our laws, we were able to achieve quite substantial success against the epidemic.

As a result of our drug use risk reduction policy, the percentage of drug users among new cases of infection in France dropped from 30 per cent to less than 2 per cent. Working with minorities to identify interventions tailored to their needs has been a very successful approach to combating HIV/AIDS.

I should also like to refer to the situation of women, who are the primary victims of the illness and who too often lack access to adequate prevention services; children and orphans who have been abandoned and left to their own devices, and other infected young people without adequate access to treatment; men who have sex with men and transgender people, who suffer discrimination that both violates human rights and is prejudicial to public health; and patients who cannot travel freely or enter other countries.

Twenty-five years after the discovery of the virus — a scientific advancement that we have just commemorated in Paris — it is crucial that we intensify efforts at research: to find a vaccine, of course, but also research on microbicides, prevention methods, implementation and in the social sciences, as has been done successfully in our country and throughout the world by France's National Agency for AIDS Research.

None of that progress would have been possible had we not succeeded in putting in place long-term and predictable financing mechanisms adapted to the protracted nature of the threat. To that end, France has established and operationalized an air-ticket solidarity contribution scheme within UNITAID. During our presidency of the European Union, we shall also continue to promote the development and implementation of disease risk reduction strategies that are tailored to the diversity of individual countries and aimed at strengthening health systems. Ongoing improvement will not be possible unless we comprehensively address the issues of lack of human resources in the health-care sector, training — as the ESTHER Initiative does — and financing of health-care services.

France believes that combating HIV/AIDS should not be the responsibility of doctors and experts alone;

it concerns everyone, especially those who are infected. Our country's progress report is therefore comprised of two parts: the governmental part, which sets out overall results and underscores the latest encouraging results in combating the infection in our country, and the part written by groups themselves to set out their views of national policies and their recommendations to public officials, especially as regards the most vulnerable groups, where the prevalence of HIV is highest.

The Acting President: I now give the floor to His Excellency Mr. Lennarth Hjelmåker, Ambassador for HIV/AIDS of Sweden.

Mr. Hjelmåker (Sweden): First of all, let me associate myself with the statement made by the representative of Slovenia on behalf of the European Union.

For Sweden, the fight against HIV/AIDS continues to rank high on the political agenda. It is clear to us that efforts to halt and reverse the spread of the pandemic must be based on the basic principles of human rights and gender equality. Respect for, and the full enjoyment of, human rights by all people must be the foundation of the response to the pandemic. The following elements are crucial to successfully reach the target of universal access to prevention, treatment and care.

Prevention must remain at the top of the agenda. Prevention interventions must cover all the complex matters that need to be openly addressed to combat HIV/AIDS. We have to talk about sexuality, intimacy and sexual relations; men who have sex with men; sexual violence, including so-called curative rapes; drug use; people who buy and sell sex; migrants and trafficking in human beings. Prevention is about power relations in society — between men and women, parents and children, rich and poor.

Prevention efforts are critical for people not yet infected, not least for populations most at risk. It is also important to target prevention strategies at people already infected. HIV-positive pregnant women are one target group, but efforts should not stop there. Access to male and female condoms is crucial, as consistent condom use is still the most effective prevention method. But prevention is also about the search for new technologies. Long-term support is needed to develop effective vaccines and microbicides. We need to address all the broad and complex issues. We must address the pandemic and its consequences with open eyes and open minds. That is also relevant in the Western world today, where prevalence rates are increasing.

Secondly, young people's knowledge about HIV/AIDS is far below the targets endorsed in 2001 by Member States in the Declaration of Commitment. That is most worrisome. Information and knowledge promote responsible behaviour and help young people to protect themselves and their partners. Young people should have access to comprehensive sex education and youth-friendly services, as well as to sexual and reproductive health rights clinics, which should provide them with information, supplies and services related to HIV/AIDS. Young women and men must take an active part in policy- and decision-making, implementation and follow-up activities. They are the ones open to change, the ones who dare to move in new directions. We cannot afford to lose the great capacity embodied in young people.

Thirdly, gender inequality is a key driver in the spread of the pandemic. Many women and girls are infected due to unequal relationships, sexual harassment, violence and rape. A young woman, particularly if she is married, runs a much higher risk of being infected than a young man. That is not acceptable. If a young woman cannot be ensured the right to her own body and sexuality and to be able to protect herself from infection by demanding that her partner use a condom, how can we then hope to put an end to the spread of the pandemic? The strong link between HIV/AIDS and sexual and reproductive health and rights is undeniable. Women's rights are about an equal balance of power in relationships, but they are also about economic empowerment and the right to own your own land, inheritance rights and the right to financial independence. We must meet the needs of those women whose only way to support themselves and their families is to sell their own bodies, and support their right to quality HIV prevention, treatment and care.

Gender equality is not only about women and girls: men matter. Responsible men and boys are essential to reach gender equality and to put a stop to the irresponsible sexual behaviour that puts women and girls at risk. Many boys and men have to change both their beliefs and their attitudes and behaviour. Men have to become equal partners and good fathers. We

must not forget that male involvement is a win-win situation for both women and men.

Fourthly, HIV/AIDS is about rights, and it is about justice. Full respect for all human rights, including the right not to be subject to stigma and discrimination, is critical. All vulnerable groups must be made visible and provided with support. Those include gays, lesbians, bisexuals and transgender people, people who sell or exchange sex for money or commodities, injecting drug users and people who live on the street, in particular children. Migrant workers and refugees are other groups at risk. Globally, most of those people face extreme discrimination and lack meaningful access to HIV prevention services. Addressing the special needs of vulnerable groups is critical to halting the spread of the pandemic. Obstacles to HIV prevention must be removed. For example, same-sex relationships must be decriminalized so that those persons dare to exercise their rights and seek health services. Scaling up targeted HIV prevention strategies is an urgent public health necessity.

Developed countries have a particular responsibility to implement good policies to curb stigma and discrimination. Travel restrictions and visa policies are a case in point. Such restrictions must be lifted wherever they are applied. Sweden reiterates the European Union call for action on this issue.

Fifthly, my last point is that we need an effective response, long-term commitments and sustainable financing to reverse the spread of the pandemic. With rapidly increased international funding and many new national and international actors, it is necessary that resources be used in a more coherent, accountable and effective way. HIV/AIDS interventions must be part of the broader development agenda. International partners must support national priorities, plans and budgets. Financial commitments must be long term, and increased. Only then will the response be effective and sustainable.

Sweden welcomes efforts made by the Joint United Nations Programme on HIV/AIDS and the rest of the United Nations family, the Global Fund and the World Bank to reform the system to provide a better coordinated and more effective response to HIV/AIDS. We look forward to continued close cooperation in this field.

Finally, we need the participation of all actors, in both the public and private sectors, if we are to win the fight against the pandemic. HIV/AIDS must be part of daily life in schools, at the workplace and at meetings of faith-based organizations. The role of civil society is essential. Active and meaningful participation by people living with HIV/AIDS is key. As a Swedish AIDS ambassador representing my Government, I am glad that the Swedish delegation includes representatives from non-governmental organizations, Parliament, business, faith-based organizations, trade unions and young people's organizations. I sincerely hope that many countries in the world will recognize the strength in such joint collaboration.

The Acting President: I now give the floor to His Excellency Mr. Newab Yusuf Talfur, member of the National Assembly of Pakistan.

Mr. Talfur (Pakistan): It is a privilege to be here at the General Assembly, where we are reviewing the progress made in implementing the Declaration of Commitment on HIV/AIDS and the Political Declaration.

More than two decades after the identification of this killer global disease, the world continues to witness the enormous and multiplying consequences of the epidemic. As of December 2007, an estimated 33.2 million people worldwide were living with HIV, with an estimated 2.5 million people being newly infected and 2.1 million having died of AIDS that year.

Perseverance in our efforts is the key to the efficient implementation of national plans, the allocation of sufficient resources and the involvement of all stakeholders to overcome the menace of AIDS. This high-level meeting is a testimony of the commitment of world leaders in the global fight against the HIV/AIDS epidemic.

The Secretary-General's report (A/62/780) presents a comprehensive view on the progress made in achieving the commitments and time-bound targets agreed by Member States in the Declaration of Commitment on HIV/AIDS and the Political Declaration. The evident progress made in many regions since 2006 to respond to HIV is encouraging. However, as the report suggests, that progress has been uneven and the expansion of the epidemic itself is often outstripping the pace at which services are being brought to bear. In countries where the prevalence of HIV exceeds 15 per cent, the only way to meet the

challenge is to scale up response through an unprecedented national mobilization that involves every sector of society and makes use of every available prevention tool. That is indeed a formidable task.

We agree with the Secretary-General's finding that the response to HIV to date has been largely managed and viewed as an emergency effort, and not focused on a sustainable long-term response. The sustainability of the response should be central to all HIV-related planning and implementation. To that end, therefore, we think that financing mechanisms need to be strengthened at the national, regional and global levels. In that respect, we stress the need to increase official development assistance to its targeted levels so that the root causes for the spread of HIV in developing countries can be addressed effectively.

An estimated 85,000 people are currently living with HIV in Pakistan, with the overall prevalence of HIV among the population at less than 1 per cent. Although estimates for persons living with HIV in the general population have remained fairly constant over the years, a shift from low prevalence to a concentrated epidemic has taken place due to the increase in reported cases of HIV, in particular among injecting drug users.

The rate of HIV infection among other groups — such as sex workers, unemployed young people and injecting drug users in urban areas — is still increasing. Their condition represents a potential threat to the overall prevalence of the disease in the general population. However, we believe that the current low prevalence in the general population will provide a vital window of opportunity to influence the future course of the epidemic in our country.

The response to the HIV epidemic in Pakistan has been an effort of the Government in coordination with bilateral and multilateral donors, the United Nations system and civil society. The effort found expression in the National AIDS Control Programme at the federal and provincial levels in the 1990s. The Programme, with the allocation of $30 million for the period 2003-2008, aims at controlling HIV/AIDS cases by increasing awareness and promoting blood safety by strengthening safe blood transfusion services. It also includes expansion of interventions for vulnerable populations, the prevention of transmission through blood transfusion and targeted intervention for youth and labour. In addition, a comprehensive legislative framework on HIV/AIDS has also been under consideration since 2006, and a further expansion of the Programme from 2009 to 2013 has been made, with the allocation of $120 million, with special reference to vulnerable groups.

Over the years, civil society in Pakistan has also grown and is now actively shouldering the implementation burden together with the public sector. The expansion of civil society has also led to the emergence of network structures, such as national and provincial AIDS consortiums, which are playing a critical role in facilitating and coordinating civil society efforts.

It would not be fair if we did not recognize the fact that the majority of AIDS victims are living in the developing countries. In those countries, the incidence rate is aggravated by poverty, hunger, disease, lack of medical facilities, illiteracy and underdevelopment. Therefore, HIV/AIDS should also be viewed as a development issue in which poverty is recognized as a direct contributor to the spread of the pandemic.

The problem of HIV/AIDS cannot be dealt with as a health issue alone. It must be treated broadly as a crucial economic, social and development issue. The special session of the General Assembly held in 2001 characterized the HIV/AIDS situation as a global emergency and declared it to constitute one of the most formidable challenges to the international community and the attainment of global development goals.

Combating HIV/AIDS and eradicating poverty must therefore go hand in hand. That cannot be achieved without active and determined cooperation on the part of the international community, with the special participation of the developed countries, which have a moral obligation to set aside a part of their affluence to reduce the burden of poverty and alleviate human suffering. Low-cost drugs, less profit-making, new scientific research and the sharing of knowledge and necessary facilities are needed to achieve common and sustainable solutions. There is now a greater urgency than ever to respond to the needs of the developing countries through enhanced debt relief, market access and official development assistance.

In conclusion, I would like to echo what others have said. Two years from the deadline for reaching the universal access targets and halfway towards the deadline for achieving the Millennium Development

Goals, the world must build on its successes to accelerate the pace towards achieving universal access to HIV prevention, treatment, care and support. Unless the efforts to scale up our response increase, the world is unlikely to achieve universal access by 2010.

The Acting President: I now give the floor to Her Excellency Ms. Zebo Yunusova, Head of the Department of Health of Tajikistan.

Ms. Yunusova (Tajikistan) (*spoke in Russian*): First of all, let me thank the United Nations and its specialized agencies for their leadership and tremendous contribution to fighting HIV/AIDS. Today's meeting gives us a unique opportunity to assess the progress achieved globally in implementing the Declaration of Commitment on HIV/AIDS of 2001 and the Political Declaration on HIV/AIDS of 2006, and to discuss existing problems in achieving universal access to prevention, treatment, care and support by 2010.

Although Tajikistan is among the countries least affected by the spread of HIV, the situation of HIV/AIDS continues to worsen in our country and the number of new registered cases of HIV continues to grow from year to year. Moreover, recent research on the spread of HIV infection among vulnerable groups shows that the HIV epidemic in Tajikistan is in a concentrated phase and that the country is already confronting a serious HIV epidemic, the scope of which remains to be assessed. The leading causes of the epidemic remain intravenous drug use and migration.

As in many countries in the world, in Tajikistan the epidemic is starting to affect women. The issue of the vulnerability of women is therefore becoming very serious in our country. A particular phenomenon in the spread of the HIV epidemic in Tajikistan is the continuous growth of labour migration. All of those processes are compounded by a lack of understanding on the part of the population as to how to prevent HIV/AIDS.

Our Government has recognized the prevalence of the HIV/AIDS problem at the highest political levels. Tajikistan was one of the first countries in the world to have formulated a national development strategy to achieve the Millennium Development Goals, in which confronting HIV/AIDS is a priority. During in-depth discussions in countrywide and regional consultations in Tajikistan, we have defined and approved concrete goals to achieve universal access to prevention, treatment, care and support by 2010.

On the basis of those goals, we have developed and approved in our country a new national programme to counteract the HIV/AIDS epidemic for the period 2007-2010. From the outset, the programme was developed in tandem with a national monitoring plan and an annual implementation plan. In our country, we have created and continue to develop prevention programmes for all and especially vulnerable groups of the population, and we have begun to introduce antiretroviral therapy to counter HIV infection and co-infection with tuberculosis, to implement new treatment programmes, and to adopt new legislation that will guarantee legal and social support for people living with HIV.

However, there are also obstacles to achieving the goal of universal access that came to light in a recent survey and self-assessment regarding the results of the implementation of the national programme over the past two years, covering the full range of qualitative services. For example, insufficient financing for HIV/AIDS programmes from both the State's budget and international donors, difficulties in reaching vulnerable groups, inadequate training of staff to conduct large-scale interventions, as well as stigmatization and discrimination associated with HIV/AIDS remain serious challenges. Of particular significance at present are not only the quantity of services but their quality, as well as the systematic use of existing data to track the epidemic for strategic planning and the mobilization of resources.

We still have the time and capacity to commit additional resources and to use all available mechanisms to increase the people's access to quality services so as to achieve the targets by 2010 and thereby approach the achievement of the Millennium Development Goals. That will be possible only if we mobilize all existing resources, strengthen our multisectoral approach to combating the epidemic, promote economic development in the country, improve the legal basis of the State and take significant steps to fight stigmatization and discrimination, to strengthen multilateral partnerships and to promote broad-based participation by civil society at all stages of strategic planning and programme implementation.

The Acting President: I now give the floor to Mr. Samvel Grigoryan, Head of the National HIV/AIDS Prevention Centre of Armenia.

Mr. Grigoryan (Armenia): It is a great honour to speak at this high-level meeting on behalf of the Republic of Armenia. I would like to express the hope that this meeting will raise to a qualitatively new level global cooperation under the aegis of the United Nations to overcome the most painful heritage of the past century — HIV/AIDS.

Armenia aligns itself with the statement made earlier by Slovenia on behalf of the European Union.

The Republic of Armenia, by endorsing the Declaration of Commitment on HIV/AIDS in 2001 and the Political Declaration on HIV/AIDS in 2006, has strengthened its political commitment on HIV/AIDS based on the fundamental understanding of the special responsibility of the Government and the non-governmental sector for the future and well-being of the population of Armenia.

Within the "Three Ones" principles of the Joint United Nations Programme on HIV/AIDS, an agreed HIV/AIDS action framework is already functioning in Armenia, as is a national coordination authority.

In 2007, the Government of Armenia approved its second five-year national programme on the response to the HIV epidemic. The programme's implementation is coordinated by Armenia's country coordination mechanism, with the broad participation of main stakeholders from governmental and non-governmental organizations and international sectors, as well as with the support of people living with the disease.

In the process of realizing the national programme, indicators are being monitored which include the key indicators established in 2001 by the General Assembly's Declaration of Commitment on HIV/AIDS. The process for the establishment of one agreed country-level national monitoring and evaluation system has already started.

During the past five years, the commitments undertaken by the Government of Armenia have radically changed the conceptual approaches towards HIV prevention. For example, the phased introduction of educational programmes on promoting safer behaviour is being carried out in secondary schools. Risk and harm reduction programmes have been introduced among populations most at risk, which have reduced the spread of HIV among the key vulnerable groups; raised their awareness, making their behaviour safer; and provided wide access to tools for prevention and information for all target populations — primarily, of course, for those who are most exposed to the risk.

Thus, HIV prevalence among injecting drug users was reduced from 9.3 to 6.8 per cent between 2005 and 2007, while among sex workers, prevalence has been maintained at the same level, that is, fewer than 2 per cent. Awareness among injecting drug users increased from 60 to 68 per cent over a period of 2 years; among sex workers, from 49 to 54 per cent over the same period, and among men having sex with men, from 54 to 74 per cent.

The Global Fund to fight AIDS, Tuberculosis and Malaria is providing unique support to the process of implementing our national AIDS programme, which is now in its fifth year. Thanks to that support, a significant national capacity has been created, a strong national response has been formulated and antiretroviral treatment has become available for all those in need.

Currently, 90 per cent of patients with HIV/AIDS receive antiretroviral therapy and 285 of those are in follow-up treatment. All HIV-diagnosed pregnant women have been provided with mother-to-child transmission prevention services over the past four years.

A further scaling up of these activities would allow us to achieve universal access to HIV prevention, treatment, care and support. Additionally, an original medicine, developed by a group of Armenian scientists, possesses immuno-modulatory and antiviral therapy that considerably improves patients' quality of life and restores both their capacity for work and their active lifestyles.

By adhering to the provisions of the Millennium Declaration, Armenia has committed itself to incorporating the Millennium Development Goals (MDGs) into its long-term national polices and plans and to introducing sustainable strategies and programmes for integrating economic growth and human development.

Through broad consultations, Armenia has adopted the MDGs and developed a national MDG framework incorporating nationalized targets and indicators for 2015. Among the targets in our national

MDG framework is to: halt, and begin to reverse, by 2015 the spread of HIV/AIDS. Armenia has developed a relevant set of indicators to monitor our achievements.

In that way, the implementation of our ongoing national AIDS programme would contribute by 2010 to the achievement of universal access towards HIV/AIDS prevention, treatment, care and support in Armenia. We hope that institutions such as the Global Fund, United Nations agencies, multilateral and other technical partners will play an active role in the support of our efforts to achieve the goals of our national AIDS programme. Without such support, it will be very difficult to achieve our universal access targets in Armenia.

In conclusion, I would like to express our conviction that this high-level meeting on AIDS will promote the achievement of universal access to HIV/AIDS-related prevention, treatment, care and support worldwide.

The Acting President: I now give the floor to Her Excellency Mrs. Sandra Roelofs, the First Lady and Special Envoy of the President of Georgia.

Mrs. Roelofs (Georgia): In the name of the Georgian nation and its President, Mikheil Saakashvili, I would like to express our appreciation for the efforts of the United Nations to enhance peace, prosperity and the well-being of humankind.

The delegation of Georgia fully aligns itself with the statement made by the representative of the European Union.

Georgia is a low-prevalence country in terms of HIV/AIDS but, at the same time, a high-risk country when migration and transit flows and our borders with Ukraine and the Russian Federation are taken into account. With these added components the pandemic goes on taking its toll. And there are other factors, such as widespread intravenous drug use in Georgia, which also give us reason for concern.

Thanks to our strongly committed Government, we do have some good news as well. In the post-Soviet era, Georgia is the only country among low- and middle-income nations to guarantee a more than 75 per cent universal access to HIV prevention, treatment, care and support. We are also proud of the fact that over the last two years we have had no cases of vertical transmission of the immune deficiency virus.

Members may recall that, two years ago, I stood here before the Assembly promoting Georgian red wine as a red product. I will not do that this time, although I believe that our red wine can be more effective in the promotion of health than, for example, lemon juice or garlic.

Joking aside, the difference from two years ago is that now, next to being Georgia's First Lady, our Stop TB Ambassador and Georgian Chairperson for the Global Fund's Country Coordinating Mechanism, I also became a medical nurse and remain determined to begin work as a nurse, perhaps in palliative care. I have decided that my salary will benefit the harm reduction programmes implemented in Georgia. These are being implemented for drug users on a small scale so far, as it is not easy to convince both the Government and the general population of its positive effect on the halt of infectious diseases such as HIV/AIDS and Hepatitis C, the latter being another major challenge confronting Georgia's health-care capabilities.

On the subject of harm reduction, I suppose it is not only in Georgia that the Government tries — through dialogue and open-mindedness — to find the perfect balance between respect for human rights and freedoms of each individual on the one hand, and, on the other, public responsibility for curbing infection, promoting a healthy lifestyle and ensuring safety on the streets. Being a nurse means being close to the patient, often more like a social worker than a health worker. It is a fact that infectious diseases and living conditions are closely linked.

Georgia, a country that is booming economically, with 15 per cent economic growth per year, has committed itself to fighting poverty in the coming five years. That is the most daring election promise I have ever heard from my husband, who has kept his promises all throughout his political career. These will be five years of tireless work, creating more employment, a social safety net and insurance for all. We must not underestimate the health impact that insurance systems have. The population is being forced into responsible behaviour, such as using safety belts on the road and participating in oncological screening programmes, another thing Georgia is proud of having started in the sphere of reproductive health.

When the Secretary-General was in Georgia last year, I was happy to answer his question on what I was doing as First Lady. I was working on four out of the

eight Millennium Development Goals (MDGs) on a daily basis: extreme poverty, the reduction of both infant and maternal mortality rates, and infectious diseases. I will continue to do so and hope that our recently created first ladies' coalition for health will be innovative and get us closer to meeting the MDGs seven years from now. I will no longer be First Lady by then, but as a nurse I will be able to feel the difference that we can all make today. It is up to us to reach out and help wherever we can, here and now, offering better and more affordable care and treatment, respecting patients and health workers, and preventing infection through comprehensive awareness campaigns.

Repeating the pledge of last month's regional AIDS conference in Moscow that Governments in countries with health systems in transition must show their commitment through an increase in health budgets, we need not only to make our populations aware of health risks, but also to convince our Governments to invest in health. Yes, informed individuals will make healthy choices, but informed Governments will make healthy budgets.

The Acting President: I now give the floor to Mrs. Marie Francke Puruehnce, Executive Secretary of the National AIDS Control Council of the Republic of the Congo.

Mrs. Puruehnce (Congo) (*spoke in French*): Allow me first of all to convey to you, Sir, the warm greetings of His Excellency Denis Sassou Nguesso, President of the Republic, who for scheduling reasons was not able to attend this very important meeting.

My delegation would like to thank the Secretary-General for his advocacy and leadership in mobilizing the international community in the fight against HIV/AIDS and for the important report he has submitted for our consideration. The report shows clearly that, although significant progress has been made towards achieving the goals that we have set for ourselves, especially with respect to access to antiretroviral treatment, important challenges remain. Those challenges include universal access to prevention, treatment, care and psychological support, due to the gap between the available resources and real needs.

Since the adoption of the Political Declaration on HIV/AIDS of 2006, which reaffirmed the Declaration of Commitment on HIV/AIDS of 2001, the Congo, led by its President, has made significant progress by taking ambitious measures to address the HIV/AIDS pandemic. We should point out that, in our country, the total number of HIV-positive people is estimated at 140,000 out of 3.5 million inhabitants, which represents a prevalence rate of 4.1 per cent.

In order to respond to that scourge, which is a true public health problem and a serious obstacle to our development, the President of the Republic made a personal investment by serving as President of the National AIDS Control Council, which was set up 14 July 2004.

Since 2003, the Congo has implemented several of the activities outlined in its national strategic framework for the fight against the pandemic. Thus, despite the lack of resources, my country has resolutely committed itself to providing universal access to prevention, care and psychological counselling to the population in need.

Furthermore, the Government has taken important measures, including the provision of free antiretroviral drugs and free monitoring of HIV infection rates. The number of voluntary testing sites has significantly increased, from six in 2006 to 66 in 2008, thus significantly increasing the number of people seen at such sites every year. In addition, 28 centres provide treatment for people who are living with HIV and diagnosed as HIV-positive. We should also highlight the significant improvement in national coverage for mother-to-child HIV transmission prevention. In 2007, out of a total of 4,607 pregnant women who received HIV counselling and testing, 5.6 per cent were found to be HIV-positive.

In spite of such very significant progress, many challenges remain. Indeed, the coverage for people living with HIV is still quite low, because only 7 per cent of the total estimated number of patients are currently being covered. Out of 30,000 people who need antiretroviral treatment, only 8,843 are being monitored, 7,605 of whom receive antiretroviral treatment. There are other challenges in terms of sustainable partnerships, predictable financing and access to second- and third-generation antiretrovirals.

Indeed, the progress in my country has been made possible thanks to the multifaceted support of our bilateral and multilateral development partners, including the agencies of the United Nations system, the international financial institutions, the private

sector and civil society. I would like to thank them here for their valuable contributions and to acknowledge the courage and commitment of the associations for people living with HIV.

However, with respect to the numerous challenges that remain, my delegation takes this opportunity to call upon the international community to step up its efforts in the fight against HIV/AIDS and related diseases. The success of our battle against HIV/AIDS must include synergy and consistent action on the part of the international community. For its part, the Congolese Government will spare no effort in fulfilling the commitments that it has undertaken.

In conclusion, my delegation fully associates itself with the statements made by the representatives of Antigua and Barbuda on behalf of the group of 77 and China and of Egypt on behalf of the African Group.

The President: I now give the floor to Mr. Fred Sai, Presidential Advisor on Reproductive Health and HIV/AIDS of Ghana.

Mr. Sai (Ghana): Ghana wishes to align itself with the statements delivered by the representatives of Egypt on behalf of the African Group and of Antigua and Barbuda on behalf of the Group of 77 and China. Ghana recalls that it joined other countries in 2001 and 2006 in committing to the Declarations on HIV/AIDS.

HIV/AIDS is a visible and key component of the Ghana Poverty Reduction Strategy II and enjoys a very high level of political commitment and national leadership.

Ghana recognizes and appreciates the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank's Multi-Country HIV/AIDS Program and Treatment Acceleration Project, other global health partnerships, as well as its bilateral and multilateral partners in the national response. We would also like to associate ourselves with the commendation given to the Joint United Nations Programme on HIV/AIDS under its great leader, Peter Piot.

That collaboration and support have sustained our national effort that has allowed us to maintain prevalence at approximately 2 per cent and has even led to a recent decline in the national HIV prevalence rate from 2.2 per cent to 1.9 per cent.

Ghana started a programme to make available a comprehensive package of prevention, treatment, care and support for persons living with and affected by HIV in 2003. Two years ago, we launched a massive scale-up programme. That has enabled us to increase the number of persons on antiretroviral therapy from 6,000 in 2006 to almost 14,000 — 66 per cent of whom are women — by the end of 2007. Currently, we face challenges that include increasing the proportion of HIV-infected children on antiretroviral therapy and rapidly reaching all persons eligible for therapy.

Another significant achievement is the expansion of prevention of mother-to-child transmission services. There are now over 420 centres across the country and access to prevention of mother-to-child transmission has increased four fold.

The role of civil society and community-based organizations has been remarkable in the national response. Associations of people living with HIV are active partners of the National AIDS Commission and its various committees. However, funding for those associations has decreased recently owing to diminished donor inputs.

As part of the national effort to ensure sustainable financing, however, the AIDS Commission has submitted a paper to the cabinet for the mobilization and establishment of a national AIDS fund. We hope that will be approved shortly.

We remain very concerned about the stigmatization and discrimination and we are strengthening and intensifying our national anti-stigma programme, one area of which is focused on encouraging HIV-positive people to stop stigmatizing themselves. We have extended those programmes to include faith-based organizations and traditional leaders. Additionally, workplace programmes in the public sector have assumed great significance.

Ghana recognizes the critical role of prevention in the fight against HIV/AIDS and continues to pursue a strategy to intensify prevention activities aimed at ensuring that the uninfected continue to stay negative, while addressing the high-risk behaviours, especially among youth, that predispose persons to HIV infection.

The co-morbidity of HIV and tuberculosis, at 30 per cent prevalence, is recognized in the national response.

Other key challenges facing the national response include the dwindling local resource allocation from our development partners, the feminization of the epidemic, reaching the vulnerable and marginalized populations, especially young persons, and accelerating care for orphans and vulnerable children and for the most at-risk groups.

An equally important challenge is our weak health system, a problem we have in common with other countries in the region, compounded by an insufficient number of health practitioners — one might even say the drainage or haemorrhage of health practitioners — from our country to other countries more endowed than ours, as well as a poor skills mix and infrastructure for quality care.

Tuberculosis and HIV co-infection remain a challenge, but we are giving out cotrimoxazole as a prophylaxis. Let me emphasize that HIV- and AIDS-related research — especially local, specific social science-based research for our programmes — is very necessary.

In concluding, let me agree with all those who have called for an equal emphasis on the health-related Millennium Development Goals (MDGs) and who have especially stressed the importance of those gender-related MDGs which require that we pay proper attention to the education of girls, sexual and reproductive health and rights for all.

The meeting rose at 5.55 p.m.